



# SELF ENHANCEMENT, INC.

Youth Potential Realized

In-School Program/SUN COMMUNITY SCHOOL

2018-19



Parkrose School District  
Portland, Oregon

## STUDENT INFORMATION

## SUN SCHOOL: PENINSULA

Legal Name: \_\_\_\_\_ Nicknames: \_\_\_\_\_  
(First Name) (MI) (Last Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Teacher | Home Rm: \_\_\_\_\_

What is student's gender?  Male  Female  Non Binary  Transgender Male to Female  Transgender Female to Male

Race/Ethnicity: (Mark as many boxes as appropriate):

- African American
- Somali
- Congolese
- Eritrean
- North African
- Other African
- Caribbean
- Other Black
- White
- Mexican
- Central American
- South American
- Indigena
- Mestizo
- Afro Latino
- Other Hispanic/Latino
- Indigenous Mexican, Central American or South American
- Canadian Inuit, Metis or First Nation
- Chinese
- Vietnamese
- Zomi
- Hmong
- Thai
- Burmese
- Karen
- Korean
- Laotian
- Filipino/a
- Japanese
- South Asian
- Asian Indian
- Other Asian
- Slavic
- Middle Eastern
- Tongan
- Chuukese
- Native Hawaiian
- Guamanian/Chamorro
- Samoan
- Other Pacific Islander
- American Indian
- Alaska Native
- Other: \_\_\_\_\_

School Grade for 2018-19: \_\_\_\_\_ School Attending 2018-19: \_\_\_\_\_ Student's T-Shirt Size: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
(First Name) (MI) (Last Name) (Relationship to Student)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## EMERGENCY MEDICAL CONTACT INFORMATION

In case of emergency, please notify:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Health Plan/Insurance Co: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First Name) (Last Name)

Conditions that may affect child's participation in activities (e.g. medical condition, allergies): \_\_\_\_\_

## ADDITIONAL QUESTIONS

Please indicate whether student is currently pregnant or parenting  YES  NO  Not applicable

Has student ever been involved in the Juvenile Justice System?  YES  NO  Prefer not to say

\* If yes, is student currently involved in the Juvenile Justice System?  YES  NO

Has student ever dropped out of school?  YES  NO  Prefer not to say

Is your Student eligible for Free or Reduced-priced meal benefits?  YES  NO  Prefer not to say

## RELEASES & LIABILITY

I, \_\_\_\_\_, (Parent/Guardian's Name) have received, read and understand the releases and agreements listed below. I understand, acknowledge and agree to the terms and conditions effective as of the date set forth below:

- Permission For Enrollment & Release of SEI From Liability
- Release of Education Record
- Notice of Non-Discrimination
- Media Consent and Release
- Emergency Medical Release
- Behavioral Expectations
- Release of Free/Reduced Lunch Status
- Acceptable Internet Usage and Regulation Agreement
- The Family Education Rights and Privacy Act
- Client Consent to Release of Information for Data Sharing in Multnomah County
- Grievance Procedure



Parent/Legal Guardian (Signature)

Parent/Legal Guardian Name (Printed)

Date

To opt out of the Release of Education Record or Media Consent & Release please initial next to the statement below:

\_\_\_\_\_ **I DO NOT** consent to having my child photographed or interviewed by the news media.

**SUN ONLY:**

\_\_\_\_\_ **I DO NOT** give permission for the release or exchange of information to be shared.

**SEI YOUTH SERVICES ONLY:**

\_\_\_\_\_ **I DO NOT** give permission for the release or exchange of information to be shared.

(NOTE: A student **cannot** enroll in SEI Youth Services or participate in any SEI Program activities if you opt out of the Release of Education Record.)

By writing your initials below, you **DO NOT agree** to share the following level of information with other Northwest Social Service Connections' HMIS/CMIS partner agencies:

\_\_\_\_\_ Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I DO NOT agree to share** any additional information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

### FOR OFFICE USE ONLY

Parent Coordinator: \_\_\_\_\_

ServicePoint: \_\_\_\_\_

Date: \_\_\_\_\_

Student Coordinator: \_\_\_\_\_

DocRecord: \_\_\_\_\_

Date: \_\_\_\_\_

ETO: \_\_\_\_\_

Date: \_\_\_\_\_

YS Manager Signature: \_\_\_\_\_

Caseload Start Date: \_\_\_\_\_

School District ID (Synergy): \_\_\_\_\_

State Student ID (SSID): \_\_\_\_\_

SEI Client ID: \_\_\_\_\_

Service Point Client ID: \_\_\_\_\_